



Royal College
of Nursing
Scotland

**RCN Scotland's response to the Scottish government
consultation on**

NHS Delivery - a new national delivery organisation

28 November 2025

Introduction

The Royal College of Nursing (RCN) is the world's largest nursing union and professional body. It is the leading national and international authority in representing the nursing profession. We represent over half a million nurses, student nurses, midwives, nursing associates and nursing support workers in the UK and internationally.

The RCN has over 52,000 members in Scotland. We campaign on issues of concern to nursing staff and patients, influence health policy development and implementation, and promote excellence in nursing practice.

Background

In establishing NHS Delivery, Ministers are taking a decisive step to create a single national organisation that will act as an enabler of transformational change across health and social care. This new body is designed to overcome the fragmentation that currently exists, accelerate digital and workforce transformation, and deliver on the ambitions set out in the Service Renewal Framework.

The first phase of our work will be primarily focussed on the consolidation of those functions currently held by NES and NSS and it is this phase that is the main focus of this consultation exercise.

The expectation is that NHS Delivery will evolve significantly following the initial bringing together of NES and NSS. Ministers are keen to explore how this new organisation could ultimately support activity beyond the scope of that currently delivered by the two legacy organisations to enable whole-system reform across both health and social care and this will be the focus of phase two of our work. This will represent Phase 2 of our approach it is our intention to undertake broad-ranging partner engagement and further public consultation throughout 2026 as we work to agree the full scope of activity to be delivered in partnership with others.

This includes considering the transfer of additional functions from other bodies and the potential for NHS Delivery to take on new roles to support system-wide transformation. There may be other areas which require strengthening as well and these will only become clear through further dialogue with partners and the public. We have used the 'What Will Change' section of this paper to set out our early thinking on potential future opportunities for NHS Delivery and would welcome early views on those through the questions included at the end of the document, noting our plans for further detailed dialogue in the months ahead.

Consultation questions and RCN Scotland responses

Q1 – Do you agree that creating a new national organisation to drive forward digital transformation and system change – beginning with the consolidation of NES and NSS into one organisation – is the right approach to deliver the ambitions set out in Scotland’s Population Health Framework and Service Renewal Framework?

RCN Scotland response:

No substantive RCN comment. We nevertheless note that the consultation document does not offer any actual evidence for its assertions about the matters listed under the sections ‘Why Change is Needed’ and ‘A Single Delivery Organisation: The Enabler for Transformation.’ We assume this evidence exists, as without it making evidence-based policy is impossible, and it would have been beneficial for respondents for there to have been at least a summary of that evidence included in the consultation. We trust that the relevant evidence will be presented to stakeholders as part of the more in-depth consultation promised for 2026.

Q2A – Do you agree with the proposed strategic objectives for the new organisation (driving innovation, delivering Once for Scotland services, and streamlining structures)?

RCN Scotland response:

No RCN comment.

Q2B – Should the organisation consider additional strategic objectives?

RCN Scotland response:

No RCN comment.

Q3 – Are there services or functions currently delivered by other Health Boards (in addition to what NES and NSS already do) that should be delivered only by NHS Delivery to improve consistency and reduce duplication? This includes consideration of capabilities that are perhaps fragmented across multiple bodies, where a clear lead organisation should be identified.

RCN Scotland response:

We choose not to comment on this point now but, in keeping with our answers to questions 4 and 5 below, we would hope to make a more useful contribution on these matters through (1) the further consultation to take place in 2026, as promised by the Scottish Government throughout the consultation document, and (2) the engagement mechanisms that we would expect NHS Delivery to establish and maintain for the longer term.

Q4 – What areas of national delivery could be improved by NHS Delivery to make services more efficient or better joined-up?

- **Redesigning how services could be planned or improved**
- **Making better use of data and digital tools**
- **Improving supply chains or procurement**
- **Supporting shared back-office services like HR or finance**
- **Strengthening workforce development and training**
- **Other (please indicate below)**

RCN Scotland response:

At this stage of the proposed merger, we do not have any issue with the areas of national delivery noted and we have no particular areas to add. But what we do ask is that the process by which NHS Delivery goes about improving those areas includes ensuring and increasing the active and extensive involvement of the nursing workforce, and the taking into account of its views, in appropriate proportion to its size and relevance to the services within which it operates. This is especially true with respect to two of the examples given above: “making better use of data and digital tools” and “strengthening workforce development and training.” For example, the latest available TURAS figures (to 30 June

2025¹) show that 42% of all NHS Scotland employees are categorised as “nursing and midwifery.” There can be no meaningful improvement activity on the part of NHS Delivery without the involvement of that workforce in the way we describe. In particular we are of the firm and clear view that the nursing profession must be represented on the Board of NHS Delivery with a Registered Nurse on the Executive Management Team in a role of equivalent seniority to the Executive Nurse Director in a territorial health board.

Q5 – Are there any existing services, programmes, or functions currently delivered by NES or NSS that you believe could be stopped, scaled back, or redesigned (or handed over to another Health Board) to better align with current priorities and system-wide impact? Examples may include legacy services, low-impact initiatives, or areas of duplication with other bodies.

RCN Scotland response:

In a point related to some extent to the point made in our answer to question 1, RCN does not consider itself to be in possession of sufficiently robust information about the efficacy of all of the existing programmes to comment in the manner invited by this question. What we do wish to stress is that we would not support the stopping, scaling back, or redesigning of existing services, programmes, or functions that were demonstrating tangible success in terms of (1) ensuring the nursing voice was at their heart and so accounted for in their positive progress and (2) supporting Registered Nurses, and the nursing profession in the wider sense, in ways valued by those Registered Nurses and that profession. As we allude to above, we look forward to being to be able to productively engage with NHS Delivery to help shape its work, through (1) the further consultation to take place in 2026, as promised by the Scottish Government throughout the consultation document, and (2) the engagement mechanisms that we would expect NHS Delivery to establish and maintain for the longer term.

Q6– Do you agree that NHS Delivery should lead the development of national digital capabilities (e.g. Electronic Health Records, digital inclusion, data architecture) for Scotland’s healthcare system?

RCN Scotland response:

No substantive RCN comment, although given our answer to question 7, we can see value in the second approach.

Q7 – Should NHS Delivery be tasked with improving data sharing, data access and interoperability across health and social care?

RCN Scotland response:

Yes.

Q8 – Do you believe NHS Delivery should be tasked with the lead national support role in innovation development & adoption, service redesign, change management, improvement, and commissioning of health services?

RCN Scotland response:

RCN has no specific answer to the question at this time, but that is largely because we are unclear if it is intended to imply that there will be forthcoming proposals to roll up the work of other Health Boards into “NHS Delivery” including if not limited to the work of Healthcare Improvement Scotland. If that is the intended implication it should be made explicit, by Scottish Ministers, now.

Q9 – As NHS Delivery evolves in the longer term, what additional capabilities, functions or bodies should be considered for integration into a single national delivery capability that supports the aspirations of the Service Renewal Framework?

RCN Scotland response:

RCN has no specific answer to the question but in keeping with our comment on question 8, this question hints that this merger is the beginning of a much wider merger and if that is the intention that should also be made clear now.

Q10 – What principles should guide decisions about future expansion of NHS Delivery’s remit and structure? Examples might include:

- **Alignment with the Service Renewal Framework and Public Service Reform Strategy**
- **Evidence of system-wide benefit**
- **Avoidance of duplication**
- **Stakeholder consensus**
- **Legislative clarity and accountability**

RCN Scotland response:

The principles seem reasonable, with the caveat that we would wish to see the nursing workforce accounted for as a “stakeholder” in accordance with our response to question 4. We would also suggest an additional principle:

- “That in all of its work, the new body should account for the diverse support needs of all professions in, and elements of, the workforce in NHS Scotland.”

Q11 – What mechanisms should be put in place to review and adapt NHS Delivery’s remit and performance post-launch? Suggestions may include:

- **Formal review after 12-24 months**
- **Stakeholder engagement and feedback loops**
- **Independent evaluation or audit**
- **Legislative review or amendment**

RCN Scotland response:

RCN does not have a view on the effectiveness of one mechanism over any other, but we do expect the Scottish Government’s intention for there to be “further stakeholder engagement and formal consultation over the course of 2026 and beyond” to be honoured via meaningful face-to-face engagement and consultation with RCN at the most senior level.

Other matters

RCN Scotland response:

- Accounting for what we have written above, we particularly wish to emphasise that we do not wish to see the dilution of the nursing voice in the new body, or the reduction of support to the nursing profession by the new body, in any facet of its work or to any degree, whether by way of cutting posts or cutting programmes or by any other means.
- We note that:
 - ◇ there is no explicit proposal for specific redundancies,
 - ◇ there is no implicit proposal for large scale redundancies or detrimental effect on staff as a whole,
 - ◇ the Scottish Government has a no compulsory redundancy policy with respect to NHS Scotland

However, there is an inescapable implication that senior staff numbers will be cut, as, for example, there will only be one chief executive and one leadership team as opposed to two. We trust that the no compulsory redundancy policy will continue to be upheld and that any RCN members whose employment situation may be affected in any way by the merger will be treated sympathetically and lawfully.

- We wish to see a slightly different approach from Scottish Government to the involvement of Professional Organisations & Trade Unions in the work on the merger going forward, as compared to the approach taken to that involvement to date. We believe that early and ongoing “pre-announcement” involvement will better facilitate the positive and productive contribution of stakeholders such as RCN in the merger process as it unfolds. That will, in turn, better support the Scottish Government to realise its ambitions for the reform that the merger represents, and its consequent ambitions for the NHS workforce and for the people of Scotland for whom that workforce cares.

References

1. NHS Scotland workforce | Turas Data Intelligence — <https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/02-september-2025-workforce/dashboards/nhs-scotland-workforce/?pageid=14644>



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